

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-04-30032-MAP
DEFENDANT FRANCIS G. KEOUGH, III, et al.,		TYPE OF PROCESS: Preliminary Order of Forfeiture
2008 JAN 19 P 2:52		
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN:	
	Tax Assessors Office ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 4540 South County Trail, Charlestown, RI 02813	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-named entity via certified mail, return receipt requested.

JLJ xt 3297

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE November 1, 2007
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>70</u>	Signature of Authorized USMS Deputy or Clerk <u>Mary J. Wagner</u>	Date 11/16/07
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above). <u>TOLIN CLERK</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.					
Address (complete only if different than shown above)		Date of Service <u>11/20/07</u>	Time <u>1030</u> am pm			
		Signature of U.S. Marshal or Deputy <u>John Wagner</u>				
Service Fee	Total Mileage Charges (including endeavors) <u>80 Round Trip</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or Refund	Amount of Refund

REMARKS:

I DUE 1/20/07 / 3 hrs / 80 miles Round Trip

(8)